

## ANNUAL STATEMENT

For the Year Ending December 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

Preferred Health Partnership of Tennessee. Inc.

			<u> </u>		<del>,</del>	
NAIC Group Code	1253 (Current Period)	1253 (Prior Period)	NAIC Company Code _	95749	Employer's ID Number _	62-1546662
Organized under the Laws	s of	Tennessee	, State of Dom	nicile or Port of Entry		Tennessee
Country of Domicile	Un	ited States of America				
Licensed as business type	e: Life, Accident & Hea Dental Service Corp Other[ ]	oration[ ] Vision	ty/Casualty[ ] Service Corporation[ ] D Federally Qualified? Yes[X] N	Health Ma	Medical & Dental Service or intenance Organization[X]	r Indemnity[ ]
Incorporated		01/01/1994	Comm	nenced Business	01/01/	1994
Statutory Home Office		1420 Centerpoint Blvd.	,		Knoxville, TN 37932	
Main Administrative Office	e	(Street and Number)		terpoint Blvd.	(City, or Town, State and Zip	Code)
	Kno	xville, TN 37932	(Street a	and Number)	(865)670-7282	)
		, State and Zip Code)			(Area Code) (Telephone	
Mail Address		1420 Centerpoint Blvd. (Street and Number or P.O. Box	,		Knoxville, TN 37932 (City, or Town, State and Zip	
Primary Location of Books	s and Records	(Street and Number of P.O. Box	<i>'</i>	0 Centerpoint Blvd.	(City, or Town, State and Zip	Code)
•				Street and Number)	(0.07).070.700.7	
		le, TN 37932 , State and Zip Code)			(865)670-7282 (Area Code) (Telephone	
Internet Website Address		, outo una Esp ocuo,			(	
Statutory Statement Cont	act	Melissa R Anderson			(865)670-7282	
	mandara	(Name)			(Area Code)(Telephone Numb (865)470-7461	
		1@covhlth.com lail Address)			(Fax Number)	<u> </u>
Policyowner Relations Co	ntact			0 Centerpoint Blvd.		
	Knoxvi	le, TN 37932	(8	Street and Number)	(865)470-7470	)
		, State and Zip Code)			(Area Code) (Telephone Numb	
			OTHERS			
		DIREC	TORS OR TRUST	EES		
	Michael Mo Randolph N	uman Creed Kay Dudley Aurphree Lowry MD eph McMahon Jr. MD owiski Spezia		Thomas Rowe B Daniel J. David I Marvin H. Eichor Kenneth Frederi Michael Earl Mit Francis H. Olms Dean M. Turner	MD n ck Luckman MD chell MD tead Jr.	
State of County of	ennessee Knox ss					
The officers of this reporting eassets were the absolute propexplanations therein containe and of its income and deduction manual except to the extent their information, knowledge a	entity, being duly sworn, each perty of the said reporting entioned, annexed or referred to, is a cons therefrom for the period ethat: (1) state law may differ; of and belief, respectively. Furth	ty, free and clear from any liens or full and true statement of all the a ended, and have been completed in r, (2) that state rules or regulations ermore, the scope of this attestation	described officers of the said reporting claims thereon, except as herein standards and liabilities and of the condition accordance with the NAIC Annual as require differences in reporting not on by the described officers also includement. The electronic filing may be	ated, and that this statem tion and affairs of the said Statement Instructions a t related to accounting pradudes the related correspondence.	ent, together with related exhib d reporting entity as of the repo nd Accounting Practices and Practices and procedures, accord anding electronic filing with the I	its, schedules and rting period stated above, rocedures ing to the best of NAIC, when required, that
	(Signature)		(Signature)		(Signature	•
La	nce K. Hunsinger		Jeffery S. Collake (Printed Name)		Jeffery S. Co (Printed Nar	
	(Printed Name) President		Chief Financial Officer		(Printed Nar Secretar	•
-	(Title)		(Title)		(Title)	
	orn to before me this		is an original filing?		Yes[]No[	X]
day o	ot , 2	005 b. If no	<ol> <li>State the amendment</li> <li>Date filed</li> </ol>	number	<u>1</u> 05/23/200	<u></u> )5
			Number of pages attact	ched	24	<u></u>

3. Number of pages attached

(Notary Public Signature)

## **ASSETS**

		700		•		F
				Current Year	•	Prior Year
			1	2	3	4
				Nonadmitted	Net Admitted Assets	Net Admitted
_		(0.1, 1.1, 12)	Assets	Assets	(Cols.1-2)	Assets
1.		s (Schedule D)	58,499,929		58,499,929	47,651,741
2.		s (Schedule D)				
	2.1	Preferred stocks				
	2.2	Common Stocks				
3.	Mortg	age loans on real estate (Schedule B):				
	3.1	First liens				
	3.2	Other than first liens				
4.	Real	estate (Schedule A):				
	4.1	Properties occupied by the company (less \$				
		encumbrances)				
	4.2	Properties held for the production of income (less \$				
		encumbrances)				
	4.3	Properties held for sale (less \$ encumbrances)				
5.		(\$40,995 Schedule E Part 1), cash equivalents (\$				
		dule E Part 2) and short-term investments (\$ Schedule DA)	40.995		40.995	5,759,406
6.		act loans (including \$premium notes)				
7.		invested assets (Schedule BA)				
8.		vable for securities				
9.						
		egate write-ins for invested assets				
10.		tals, cash and invested assets (Lines 1 to 9)	1			
11.		tment income due and accrued	898,391		898,391	
12.		iums and considerations				
	12.1	Uncollected premiums and agents' balances in the course of collection				
	12.2	Deferred premiums, agents' balances and installments booked but				
		deferred and not yet due (Including \$ earned but unbilled				
		premiums)				
	12.3	Accrued retrospective premiums				
13.	Reins	urance:				
	13.1	Amounts recoverable from reinsurers				
		Funds held by or deposited with reinsured companies				
	13.3	Other amounts receivable under reinsurance contracts				
14.		ints receivable relating to uninsured plans				
15.1		nt federal and foreign income tax recoverable and interest thereon				
15.1		eferred tax asset				
16.		anty funds receivable or on deposit				
17.		ronic data processing equipment and software				
18.		ure and equipment, including health care delivery assets				
	•	)				
19.		djustment in assets and liabilities due to foreign exchange rates				
20.		vables from parent, subsidiaries and affiliates	1			
21.	Health	n care (\$) and other amounts receivable				
22.	Other	assets nonadmitted				
23.	Aggre	egate write-ins for other than invested assets	54,656		54,656	
24.	Total	assets excluding Separate Accounts, Segregated Accounts and				
	Protec	cted Cell Accounts (Lines 10 to 23)	62,041,970	36,464	62,005,506	59,027,669
25.	From	Separate Accounts, Segregated Accounts and Protected Cell				
		unts				
26.		(Lines 24 and 25)				
		WRITE-INS				
0901						
0902						
0903						
		nary of remaining write-ins for Line 9 from overflow page				
		LS (Lines 0901 through 0903 plus 0998) (Line 9 above)tisk Share				
		tate Admin			54.656	
2303		idic / driiii	. ,		- ,	
		nary of remaining write-ins for Line 23 from overflow page				
2399.	TOTA	ALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	54,656		54,656	

## LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	9,805,245		9,805,245	11,498,675
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
	on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittance and items not allocated				
14.	Borrowed money (including \$ current) and interest thereon \$ (including				
	\$current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$ authorized reinsurers and				
	\$ unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$ current)	14,082,990		14,082,990	14,082,990
22.	Total liabilities (Lines 1 to 21)	35,744,876		35,744,876	37,841,106
23.	Common capital stock	XXX	XXX	1,000	1,000
24.	Preferred capital stock	XXX	XXX		
25.	Gross paid in and contributed surplus	XXX	XXX	61,379,848	61,379,848
26.	Surplus notes	XXX	XXX		
27.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
28.	Unassigned funds (surplus)	XXX	XXX	(35,120,218)	(40,194,285)
29.	Less treasury stock, at cost:	XXX	XXX		
	29.1shares common (value included in Line 23 \$)	XXX	XXX		
	29.2shares preferred (value included in Line 24 \$)	XXX	X X X		
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)	XXX	X X X	26,260,630	21,186,563
31.	Total Liabilities, capital and surplus (Lines 22 and 30)	XXX	X X X	62,005,506	59,027,669
<b>DETAI</b> 2101.	LS OF WRITE-INS Accrued Run-Out Costs	14,082,990		14,082,990	14,082,990
2102.	Grier Decree Accrual				
2103. 2198.	Reserve for Transplants Summary of remaining write-ins for Line 21 from overflow page				
2199. 2701	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	14,082,990		14,082,990	
2702		XXX	X X X		
2703 2798.	Summary of remaining write-ins for Line 27 from overflow page				
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)				

## STATEMENT OF REVENUE AND EXPENSES

		Current	Year	Prior Year
		1	2	3
		Uncovered	Total	Total
	r Months			
·	mium income (including \$non-health premium income)			
	e in unearned premium reserves and reserve for rate credits			
	-service (net of \$ medical expenses)			
	venue			
	ate write-ins for other health care related revenues			
7. Aggreg	ate write-ins for other non-health revenues	XXX		
8. Total re	evenues (Lines 2 to 7)	XXX	4,031,669	1,444,871
Hospital and M	edical:			
9. Hospita	Il/medical benefits			
10. Other p	rofessional services	(581,562)	(581,562)	(48,912)
11. Outside	referrals			
12. Emerge	ency room and out-of-area			
13. Prescrip	otion drugs	(34,858)	(34,858)	(1,287,199)
14. Aggreg	ate write-ins for other hospital and medical	(250,200)	(250,200)	1,885,287
	ve pool, withhold adjustments and bonus amounts	, ,	, ,	
	al (Lines 9 to 15)			
Less:		(**************************************	(223,223)	
	nsurance recoveries			
	ospital and medical (Lines 16 minus 17)			
	alth claims	, ,	, ,	
	adjustment expenses, including \$ cost containment expenses			
	administrative expenses			
	e in reserves for life and accident and health contracts (including \$ increase in			
	s for life only)			
	nderwriting deductions (Lines 18 through 22)	` '	` '	
	derwriting gain or (loss) (Lines 8 minus 23)			
	estment income earned (Exhibit of Net Investment Income, Line 17)			3,003,257
	lized capital gains (losses)			
27. Net inve	estment gains (losses) (Lines 25 plus 26)		2,385,671	3,614,841
28. Net gair	n or (loss) from agents' or premium balances charged off [(amount recovered \$)			
(amoun	t charged off \$)]			
29. Aggreg	ate write-ins for other income or expenses			
30. Net inco	ome or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	7,283,960	4,510,536
31. Federal	and foreign income taxes incurred	XXX	2,209,893	1,295,965
32. Net inco	ome (loss) (Lines 30 minus 31)	xxx	5,074,067	3,214,571
DETAILS OF W				105
	Revenuedmin Revenue			
0603				
	ary of remaining write-ins for Line 6 from overflow page			
	S (Lines 0601 through 0603 plus 0698) (Line 6 above)			1,249,239
	ary of remaining write-ins for Line 7 from overflow page			
	ries			
	nare	1		
	ary of remaining write-ins for Line 14 from overflow page			
	S (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901				
	ary of remaining write-ins for Line 29 from overflow page			
2999. TOTAL	S (Line 2901 through 2903 plus 2998) (Line 29 above)			

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	21,186,563	17,929,640
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
34.	Net income or (loss) from Line 32	5,074,067	3,214,571
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
	•		
39.	Change in nonadmitted assets		,
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)		
	Capital and surplus end of reporting year (Line 33 plus 48)		Z1,180,503
4701. 4702	Miscellaneous		
4703			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

Report #2A: TENNCARE OPERATIONS STATEM	LINT OF KLVLINGLY	AND EXPENSI	_3 
	Current	Year	Previous Year
	Current Period	Year to Date Total	Total
Member Months	0	0	186
REVENUES:			
TennCare Capitation	0	0	195,632
2. Investment	565,054	2,385,671	3,614,841
3. Other Revenue	0	0	135
State Admin Revenue	3,509,273	4,031,669	1,249,104
4. TOTAL REVENUES (Lines 1 to 3)	4,074,327	6,417,340	5,059,712
EXPENSES:			
Medical and Hospital Services:			
5. Capitated Physician Services	0	0	(17,895)
6. Fee-For-Service Physician Services	0	0	0
7. Inpatient Hospital Services	(670,121)	(581,562)	(31,017)
8. Outpatient Services	0	0	0
9. Emergency Room Services	0	0	0
10. Mental Health Services	0	0	0
11. Dental Services (Capitated & FFS)	0	0	0
12. Vision Services (Capitated, FFS & Opthamology)	0	0	0
13. Pharmacy Services (Capitated & FFS)	(15,694)	(34,858)	(1,287,199)
14. Home Health Services	0	0	0
15. Chiropractic Services	0	0	0
16. Radiology Services	0	0	0
17. Laboratory Services	0	0	0
18. Durable Medical Equipment Services	0	0	0
19. Transportation Services (Capitated)	0	0	0
20. Outside Referrals	0	0	0
21. Medical Incentive Pool and Withhold Adjustments	0	0	0
22. Occupancy, Depreciation, and Amortization	0	0	0
23. Other Medical and Hospital Services (Provide Detail)			
Surgery - Orthopedic - FFS Office	0	0	0
MCO Delegated Services	0	0	0
Allergy & Immunology FFS Office & Other	0	0	0
Counselors/Therapists	0	0	0
Otolaryngology - FFS Office	0	0	0
Anesthesiology - FFS Hosp & Other	0	0	0
Gastroenterology	0	0	0
Preventive Medicine	0	0	0
Ped Emergency Medicine - FFS Hospital	0	0	0
IBNR	0	0	0
Risk Share	246,648	246,648	2,589,946
24. Subtotal (Lines 5 to 23)	(439,166)	(369,772)	
25. Reinsurance Expenses Net of Recoveries	0	0	0
LESS:	0	_	_
26. Copayments	0	0	0
27. Subrogation	0	0	704.650
27a Recoveries	42,499	496,848	704,659
28. Coordination of Benefits	0	400.040	704.650
29. Subtotal (Lines 26 to 28)	42,499	496,848	704,659
30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	(481,665)	(866,619)	549,176

Report #2A (Continued): TENNCARE OPERATIONS ST	ATEMENT OF REVI	ENUES AND EXI	PENSES
	Current	Year	Previous Year
	Current Period	Year to Date Total	Total
Administration			
Administration: 31. Compensation (Including Allocated Costs)	2,050,340	8,899,639	9,711,431
32. Marketing (Including Allocated Costs)	9,865	16,074	6,931
33. Premium Tax Expense	104,017	413,846	440,775
34. Occupancy, Depreciation and Amortization (Including Allocated Costs) 35. Other Administration (Provide detail)	218,685	847,432	948,249
35. Other Administration (Provide detail)			
Printing	6,355	178,877	271,087
Rent/Utilities	0	0	0
Franchise, Excise & Property Taxes	0	0	0
Postage	106,220	300,464	153,139
Legal Fees	4,473	20,953	6,993
Liquidated Damages	300,000	1,207,740	1,203,280
Outside Services Board & Committee Fees	124,105 0	449,580	329,948 0
Auditing, actuarial and other consulting services	0		0
Books & Subscriptions	972	1,929	3,328
Dues, Fees & Licenses	156	4,015	53,148
Education & Seminars	(150)	2,648	2,134
Meals & Entertainment	202	1,363	1,627
Office Supplies	925	1,804	1,622
Minor Equipment	0		22
Travel	142	4,783	6,068
Wellness Program	0		0
Leases & Rentals of equipment	0		0
Repairs/Maintenance Agreements	0	387	902
Telephone/Beepers/Cellular Phones	23	140	124
Temp/Contract Personnel	1,156	14,801	56,759
Provision for Loss Contracts	0		(4.053.550)
Risk Banding Reserve Program Run Out Expense	0		(4,053,559) 0
State Admin Revenue	(1,691,596)	(16,660,565)	(17,059,131)
Miscellaneous Expense	(3,036,793)	(3,032,525)	655,976
Total DIRECT Expenses	(1,800,903)	(7,326,616)	(7,259,147)
Other ALLOCATED Expenses (Provide detail)			
Rent/Utilities	139,466	537,634	568,844
Printing	61,349	141,274	141,915
Postage	188,267	373,155	413,518
Legal Fees	464,113	745,164	189,293
Outside Services	(317,509)	743,642	954,943
Board & Committee Fees	70,445	170,130	89,638
Survey Fees	(46,695)	54,527	65,330
Telephone/Beepers/Cellular Phones	69,691	232,273	240,337
Books & Subscriptions	44,316	130,040	82,708
Minor Equipment	45,064	99,858	43,690
Computer Supplies Dues, Fees & Licenses	0 31,910	0 229,951	289 356,822
Education & Seminars	6,991	229,951 35,637	58,092
Meals & Entertainment	8,899	30,659	28,996
Office Supplies	29,704	96,042	129,773
Travel	21,462	79,554	78,995
Miscellaneous Expense	28,902	158,185	279,965
Franchise, Excise & Property Taxes & Sales/Use Tax	(3,277)	139,083	108,812
Insurance	130,147	414,930	387,966
Leases & Rentals of equipment	50,501	128,625	145,200
Repairs/Maintenance Agreements	225,744	524,947	538,554
Relocation Expense Total	(6,045)	9,937	13,692
Training and Orientation Total	0	0	072.020
Temp/Contract Personnel	114,975	547,674	873,620
Covenant Management Fees	442,483	1,703,691	1,468,156
Total ALLOCATED Expenses	1,800,903	7,326,615	7,259,148
36. TOTAL ADMINISTRATION (Lines 31 to 36)	(0)	(0)	0
FIT & Excise Tax	2,209,893	2,209,893	1,295,965
37. Total Other Expenses:	2,209,893	2,209,893	1,295,965
•			
38. TOTAL EXPENSES (Lines 30 and 37 and 37A)	1,728,228	1,343,273	1,845,141
39. NET INCOME (LOSS) (Line 4 less Line 38)	2,346,099	5,074,067	3,214,571

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

Report #2A: TENNCARE OPERATIONS STATEM	ENT OF REVENUES	S AND EXPENSE	ES .
	Current	Year	Previous Year
	Current Period	Year to Date Total	Total
Member Months	398,364	1,585,507	1,576,120
DEVENUE			
REVENUES:			
TennCare Capitation	53,191,605	215,259,968	241,142,939
2. Investment	565,475	2,387,530	3,617,182
3. Other Revenue	2 500 272	4 034 660	135
State Admin Revenue IBNR / Capitation Revenue Receivable	3,509,273	4,031,669 32,463,841	1,249,104
Premium Tax	2,481,884 1,087,222	3,325,980	18,842,234 (322,160)
FIGHIUHI TAX	1,007,222	3,323,900	(322,100)
4. TOTAL REVENUES (Lines 1 to 3)	60,835,459	257,468,988	264,529,434
EXPENSES:			
Medical and Hospital Services:			
5. Capitated Physician Services	208,579	1,455,699	1,657,105
6. Fee-For-Service Physician Services	5,698,545	24,758,072	21,152,510
7. Inpatient Hospital Services	31,224,768	144,301,186	126,698,899
8. Outpatient Services	19,635	61,435	3,336,119
9. Emergency Room Services	2,916,666	12,879,752	11,477,633
10. Mental Health Services	14,036	62,820	18,409
11. Dental Services (Capitated & FFS)	2,719	7,730	12,498
12. Vision Services (Capitated, FFS & Opthamology)	235,102	864,314	823,292
13. Pharmacy Services (Capitated & FFS)	(19,110)	(49,587)	, ,
14. Home Health Services	122,087	434,412	439,080
15. Chiropractic Services	0	0	0
16. Radiology Services	49,429	200,976	156,046
17. Laboratory Services	7,844,254	33,972,466	24,737,079
18. Durable Medical Equipment Services	1,815,514	7,805,932	6,911,188
19. Transportation Services (Capitated)	1,227,079	5,003,592	4,500,642
20. Outside Referrals	0	0	0
21. Medical Incentive Pool and Withhold Adjustments	0	0	0
22. Occupancy, Depreciation, and Amortization	0	0	0
23. Other Medical and Hospital Services (Provide Detail)	0	0	0
Surgery - Orthopedic - FFS Office MCO Delegated Services	0	0	0
· ·	1,744,513	6,216,562	6,972,921
Allergy & Immunology FFS Office & Other Counselors/Therapists	1,744,513	0,210,302	0,972,921
Otolaryngology - FFS Office	382,742	1,455,865	1,206,908
Anesthesiology - FFS Hosp & Other	838,515	3,424,862	3,255,732
Gastroenterology	24,945	86,098	30,454
Preventive Medicine	783,930	3,335,487	3,149,797
Ped Emergency Medicine - FFS Hospital	0	0	0,1.0,101
Miscellaneous	54,245	952.934	284,075
IBNR	0	0	0
Risk Share	246,648	246,648	2,589,946
24. Subtotal (Lines 5 to 23)	55,434,841	247,477,255	256,283,255
25. Reinsurance Expenses Net of Recoveries	0	0	0
LESS:			
26. Copayments	0	0	0
27. Subrogation	168,520	533,153	132,638
27a Recoveries	74,079	1,129,987	950,712
28. Coordination of Benefits	0	0	0
29. Subtotal (Lines 26 to 28)	242,599	1,663,140	1,083,350
30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	55,192,242	245,814,115	255,199,905

Report #2A (Continued): TENNCARE OPERATIONS ST	ATEMENT OF REV	ENUES AND EXI	PENSES
, , , , , , , , , , , , , , , , , , ,	Current		Previous Year
	Current Period	Year to Date Total	Total
Administration			
Administration: 31. Compensation (Including Allocated Costs)	2,050,341	8,899,639	9,711,431
32. Marketing (Including Allocated Costs)	9,865	16,074	6,931
33. Premium Tax Expense	1,191,239	4,784,756	5,259,768
<ol> <li>Occupancy, Depreciation and Amortization (Including Allocated Costs)</li> <li>Other Administration (Provide detail)</li> </ol>	218,685 0 0	847,432	948,249
Printing	6,355	178,877	271,087
Rent/Utilities	0	0	0
Franchise, Excise & Property Taxes	0	0	0
Postage	106,220	300,464	153,139
Legal Fees Liquidated Damages	4,473 300,000	20,953 1,207,740	6,993 1,203,280
Outside Services	124,105	449,580	329,948
Board & Committee Fees	0	0	020,010
Auditing, actuarial and other consulting services	0	0	0
Books & Subscriptions	972	1,929	3,328
Dues, Fees & Licenses	156	4,015	53,148
Education & Seminars	(150)	2,648	2,134
Meals & Entertainment Office Supplies	202 925	1,363 1,804	1,627 1,622
Minor Equipment	0	0	22
Travel	142	4,783	6,068
Wellness Program	0	0	0
Leases & Rentals of equipment	0	0	0
Repairs/Maintenance Agreements	0	387	902
Telephone/Beepers/Cellular Phones Temp/Contract Personnel	23 1,156	140 14,801	124 56,759
Provision for Loss Contracts	0	0	0,739
Risk Banding Reserve	0	0	(4,053,559)
Program Run Out Expense	0	0	0
State Admin	(1,691,596)	(16,660,565)	(17,059,131)
Miscellaneous Expense Total DIRECT Expenses	(3,036,790) <b>(713,677)</b>	(3,032,519) <b>(2,955,699)</b>	655,976 <b>(2,440,154)</b>
Other ALLOCATED Expenses (Provide detail)	(* 10,011)	(=,000,000)	(=, : : 0, : 0 : )
Rent/Utilities	139,466	537,634	568,844
Printing Postage	61,348 188,267	141,274 373,155	141,915 413,518
Legal Fees	464,113	745,164	189,293
Outside Services	(317,509)	743,642	954,943
Board & Committee Fees	70,444	170,130	89,638
Survey Fees	(46,695)	54,527	65,330
Telephone/Beepers/Cellular Phones	69,691	232,273	240,337
Books & Subscriptions Minor Equipment	44,316 45,064	130,040 99,858	82,708 43,690
Computer Supplies	45,064	99,636	43,090 289
Dues, Fees & Licenses	31,911	229,951	356,822
Education & Seminars	6,991	35,637	58,092
Meals & Entertainment	8,899	30,659	28,996
Office Supplies	29,703	96,042	129,773
Travel	21,462 28,902	79,554 158,185	78,995 279,964
Miscellaneous Expense Franchise, Excise & Property Taxes & Sales/Use Tax	(3,277)	139,083	108,812
Insurance	130,147	414,930	387,966
Leases & Rentals of equipment	50,501	128,625	145,200
Repairs/Maintenance Agreements	225,744	524,947	538,554
Relocation Expense Total	(6,045)	9,937	13,692
Training and Orientation Total Temp/Contract Personnel	0 114,976	0 547,674	0 873,620
Covenant Management Fees	442,482	1,703,691	1,468,156
Governant Management 1 ees	772,702	1,703,091	1,400,130
Total ALLOCATED Expenses	1,800,901	7,326,612	7,259,147
36. TOTAL ADMINISTRATION (Lines 31 to 36)	1,087,225	4,370,914	4,818,993
FIT & Excise Tax	2,209,893	2,209,893	1,295,965
37. Total Other Expenses:	2,209,893	2,209,893	1,295,965
38. TOTAL EXPENSES (Lines 30 and 37 and 37A)	58,489,360	252,394,922	261,314,863
39. NET INCOME (LOSS) (Line 4 less Line 38)	2,346,100	5,074,067	3,214,571

# STATEMENT AS OF December 31, 2004 OF THE Preferred Health Partnership of Tennessee, Inc. $\pmb{CASH\ FLOW}$

	CASH FLOW	1 4	
		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		2,713,815
2.	Net investment income	2,683,279	3,706,687
3.	Miscellaneous income	4,031,669	1,249,239
4.	Total (Lines 1 through 3)	6,714,948	7,669,741
5.	Benefit and loss related payments	(445,110)	2,233,153
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,723,081	26,475,929
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	1,277,971	28,709,082
11.	Net cash from operations (Line 4 minus 10)	5,436,977	(21,039,341)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	19,014,257	45,967,675
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	19,014,257	45,967,675
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	30,169,646	22,945,277
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	30,169,646	22,945,277
14.	Net increase (decrease) in policy loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(11,155,388)	23,022,398
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		·····
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18.	Net change in cash and short-term investments (Line 11, plus Lines 15 and 17)	(5,718,411)	1,983,057
19.	Cash and short-term investments:		
	19.1 Beginning of year	5,759,406	3,776,349
	19.2 End of year (Line 18 plus Line 19.1)		

Supplemental	Disaloguros of	Cook Flow I	nformation fo	r Non Cook T	Transactional
Supplemental	Disclosures of	Cash Flow I	momiation to	i Non-Casii i	Tansacuons.

20.0001
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## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustme	ent Expenses	3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$ for occupancy of own building)			485,066		485,066
2.	Salaries, wages and other benefits	2,354,613	1,810,924	4,170,480		8,336,017
3.	Commissions (less \$ ceded plus \$ assumed)					
4.	Legal fees and expenses			766,117		766,117
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					644,986
7.	Traveling expenses	22,747	2,944	58,645		84,336
8.	Marketing and advertising					
9.	Postage, express and telephone	3,421	645,392	99,746		748,558
10.	Printing and office supplies	8,536	125,065	440,791		574,392
11.	Occupancy, depreciation and amortization			847,432		847,432
12.	Equipment	295	174	99,389		99,858
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate					
17.	Collection and bank service charges		1.859	2.564		4.423
18.	Group service and administration fees					
19.	Reimbursements by uninsured accident and health plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
20.	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulator authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
2 <del>4</del> . 25.	Aggregate write-ins for expenses					
25. 26.	Total expenses incurred (Lines 1 to 25)	(2,730,000)	(3,093,004)	(9,262,577)	77.200	(5) 77,200
1						
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year		11,290	11,498,675		11,509,965
29.	Amounts receivable relating to uninsured accident and health					
	plans, prior year					
30.	Amounts receivable relating to uninsured accident and health					
	plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	(18,710)	1,693,430	77,360	1,752,080
	ILS OF WRITE-INS		Т			
2501.	Property & Franchise Taxes					
2502.	Dues/Fees/Licenses	2,956	21	230,327		233,305
2503.	Computer Supplies					
2598.	Summary of remaining write-ins for Line 25 from overflow page		(3,093,085)	(9,492,904)		(15,325,031)
2599.	Totals (Lines 2501 through 2503 + 2598)(Line 25 above)	(2,736,086)	(3,093,064)	(9,262,577)		(15,091,727)

<sup>(</sup>a) Includes management fees of \$..... to affiliates and \$..... to non-affiliates.

STATEMENT AS OF December 31, 2004 OF THE Preferred Health Partnership of Tennessee, Inc.

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
				Change in Total
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties occupied by the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
•	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivable for securities			
9.	Aggregate write-ins for invested assets			
9. 10.	Subtotals, cash and invested assets (Lines 1 to 9)			
10.	,			
	Invested income due and accrued			
12.	Premium and considerations:			
	12.1 Uncollected premiums and agents' balances in the course of collection			
	12.2 Deferred premiums, agents' balances and installments booked but deferred and			
	not yet due			
	12.3 Accrued retrospective premiums			
13.	Reinsurance:			
	13.1 Amounts recoverable from reinsurers			
	13.2 Funds held by or deposited with reinsured companies			
	13.3 Other amounts receivable under reinsurance contracts			
14.	Amounts receivable relating to uninsured plans			
15.1	Current federal and foreign income tax recoverable and interest thereon			
15.2	Net deferred tax asset			
16.	Guaranty funds receivable or on deposit			
17.	Electronic data processing equipment and software			
18.	Furniture and equipment, including health care delivery assets			
19.	Net adjustment in assets and liabilities due to foreign exchange rates			
20.	Receivable form parent, subsidiaries and affiliates	36 464	36 464	0
21.	Health care and other amounts receivable			
22.	Other assets nonadmitted			
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
Z <del>4</del> .	Accounts (Lines 10 to 23)	36 464	36 464	0
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	]	36,464	U
	LS OF WRITE-INS			
0901				
0902				
0903				
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301				
2302				
2303				
2398.	Summary of remaining write-ins for Line 23 from overflow page	.		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)			

STATEMENT AS OF December 31, 2004 OF THE Preferred Health Partnership of Tennessee, Inc.

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Preferred Health Partnership Companies, Inc - Corp Rec Preferred Health Partnership Inc I/C FIT Rec		640,516				1,871,019	640,516
0199999 Total - Individually listed receivables	1,871,019	640,516		36,464	36,464	1,871,019	640,516
0299999 Receivables not inidvidually listed							
0399999 Total gross amounts receivable	1,871,019	640,516		36,464	36,464	1,871,019	640,516

#### **Notes to Financial Statement**

#### 1. Summary of Significant Accounting Poicies

#### A. Accounting Practices

The financial statements of Preferred Health Partnership of Tennessee, Inc. are presented on the basis of accounting practices prescribed or permitted by the NAIC Accounting Practices and Procedures manual and the state of Tennessee Department of Commerce and Insurance.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

The plan does not receive pemiums from the State; the plan does receive a monthly capitation check to pay for the claims and administrative expenses of the company. This capitation revenue is recognized as income in the period it is received, as it exceeds administrative expenses by direction of the Tenncare Bureau. Expenses incurred in connection with aquiring new insurance business are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amoritized cost using the straight-line method.
- (3) Common stock is stated at par.
- (4) Not applicable
- (5) Not applicable
- (6) Not applicable
- (7) Not applicable
- (8) Not applicable
- (9) Not applicable
- (10) Anticipated investment income is not a factor in the premium deficiency calculations.
- (11) Liabilities for losses and loss/claim adjustment expenses include an amount determined based on past experience for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods of making such estimates and for establising the resulting liability is reviewed on a monthly basis and any adjustments are reflected in the period determined.
- (12) Not applicable
- 2. Accounting Changes and Corrections of Errors
  - A. No errors or changes in accounting principles have occurred.
  - B. The initial implementation of Codification did not change the company's financial statement basis.
- 3. Business Combinations and Goodwill

Not applicable

4. Discontinued Operations

Not applicable

Investments

Not applicable

6. Joint Ventures, Partnerships, and Limitied Liability Companies

Not applicable

7. Investment Income

All investment income due and accrued was admitted.

8. Derivative Instruments

#### **Notes to Financial Statement**

#### 9. Income Taxes

A. The components of the net DTA recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	Dec. 31, 2004	Jan. 1, 2004
Total of gross deferred tax assets	12,744,289	14,607,445
Total of deferred tax liabilities	(43,075)	(61,935)
Net deferred tax assets	12,701,214	14,545,510
Deferred tax asset nonadmitted	(12,701,214)	(14,545,510)
Net admitted deferred tax asset	<u> </u>	-
(Increase) decrease in nonadmitted asset	1,844,296	

- B. Deferred tax liabilities for 2004 are not recognized for investment discount accretion in the amount of \$43,075. There were no temporary differences due to investments in foreign subsidiaries or corporations.
- C. The current provision for income tax expense is \$2,209,893. The \$1,844,296 decrease in deferred tax assets is primarily due to the elimination of state deferred tax assets. There are no deferred provisions for income taxes in 2004 or 2003 due to the utilization of net operating loss carry-forwards and nonadmitted deferred tax assets. Effective December 31, 2003, companies who pay gross premiums are no longer required to file Tennessee franchise and excise tax returns. Therfore, all deferred state tax assets were removed in 2004, as the Company is no longer filing state income tax returns.
- D. The significant book to tax adjustments were as follows:

	Amount:	Tax Effect:
Income before taxes	7,283,960	2,476,546
Book over Tax Reserves	(784,275)	(266,653)
Taxable Income	6,499,685	2,209,893

- E. There are no operating loss or tax credits to carry forward
- F. (1) The Plan's federal income tax return is consolidated with the following entities:

PHP Companies, Inc

Preferred Health Partnership, Inc.

Cariten Health Plan, Inc.

Cariten Insurance Company

- (2) Tax payments and the recoupment (in the event of future losses) of taxes paid pursuant to the tax allocation agreement are computed on a separate company basis as determined in accordance with the tax allocation agreement.
- 10. Information concerning Parent, Subsidiaries, and Affiliates
  - A. The Plan is a wholly-owned subsidiary of PHP Companies, Inc., a holding company domiciled in the State of Tennessee. PHP Companies, Inc. is a wholly-owned subsidiary of Covenant Health, a non-profit organization domiciled in the State of Tennessee. The holding company group consist of the following companies: Preferred Health Partnership, Inc., Cariten Health Plan, Inc., Preferred Health Partnership of Tennessee, Inc., and Cariten Insurance Company.
  - B. The Plan periodically transfers cash to the parent, PHP Companies, Inc., to reimburse for cost allocations and Plan expenses recorded on the Plan's behalf by the parent. The following amounts were transferred to the parent during 2004: (1) \$1,000,000 on 2/17/04 (2) \$1,000,000 on 3/5/04 (3) \$1,000,000 on 3/19/04 (4) \$1,000,000 on 3/25/04 (5) \$1,000,000 on 5/10/04 (6) \$1,000,000 on 6/11/04 (7) \$1,000,000 on 7/15/04 (8) \$1,000,000 on 7/23/04 (9) \$4,000,000 on 8/12/04 (10) \$1,000,000 on 10/18/04 (11) \$4,938,500 on 11/10/04 (12) \$1,725,000 on 12/23/04
  - C. The Plan transferred \$19,663,500 to PHP Companies and PHP Companies transferred \$1,292,276 to the plan. Cost allocations received from the parent company totaled \$16,170,728. Plan expenses paid by the parent on behalf of the plan totaled \$1,313,372.87.
  - D. As of December 31, 2004 the Plan has a receivable from PHP Companies, Inc. in the amount of \$4,721,428.45 and a receivable from Preferred Health Partnership, Inc. in the amount of \$36,463.60.
  - E. Not applicable
  - F. The parent company of the Plan accumulates operating costs and allocates these expenses monthly to the operating entities listed above. Allocations are based proportionally on the membership counts of the companies listed above with government program memberships doubled, due to higher administration costs.
  - G-J. Not applicable
- 11. Debt

## STATEMENT AS OF $\,$ 2004 OF THE $\,$ Preferred Health Partnership of Tennessee, Inc.

## **Notes to Financial Statement**

12.		ment Plans, Deferred Compensation, Post employement benefits and Compensated Absences and Other stirement Benefit Plans.
		Not applicable
13.	Capita	al and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
	(1)	The Plan has 1,000 shares of \$1 par common stock authorized and outstanding. All stock is owned by the parent company, PHP Companies, Inc.
	(2)	Not applicable
	(3)	No dividends are paid
	(4)	Not applicable
	(5)	No restrictions are placed on surplus.
	(6)	Not applicable
	(7)	No stock is held by the Company.
	(8)	Not applicable
	(9)	Surplus was reduced by \$85,384 due to nonadmitted assets.
	(10)	Not applicable
	(11)	Not applicable
	(12)	Not applicable
14.	Contir	ngencies
		Not applicable
15.	Lease	s
		Not applicable
16.		nation About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With entrations of Credit Risk
		Not applicable
17.	Sales	Transfer and Servicing of Financial Assets and Extinguishment of Liabilities
		Not applicable
18.	Gain	or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
		Not applicable
19.	Direct	Premium Written/Produced by Managing General Agents/Third Party Adminstrators
		Not applicable
20.	Septe	mber 11 Events
		Not applicable
21.	Other	Items
		Not applicable
22.	Event	s Subsequent
		Not applicable
23.	Reins	urance
		Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

STATEMENT AS OF 2004 OF THE Preferred Health Partnership of Tennessee, Inc.

#### **Notes to Financial Statement**

25. Change in Incurred Claims and Claim Adjustment Expenses

The reserve for incurred claims is calculated based on a percentage of completion factor. This factor is determined based on actuarial projections of trends in service.

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

As of December 31, 2004, the Company had liabilities of \$10,826,641 related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

31. Anticipated Salvage and Subrogation



#### SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES Due April 1

For the year ended December 31, 2004

Of The Preferred Health Partnership of Tennessee, Inc.						
Address (City, S	tate, Zip Code)	Knoxville, TN, 37932				
NAIC Group Cod	de1253		NAIC Company Code	95749	Employer's ID Number	62-1546662

The Investment Risk Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement.

		1	2	3	4
					Percentage
			Description		of Total
		Issuer	of Exposure	Amount	Admitted Assets
2.	Ten lar	gest exposures to a single			
	issuer/	borrower/investment.			
	2.01	REGIONS FINANCIAL CORP 758940	Bond	2,508,604	4.046
	2.02	DAIMLER CHRYSLER 233835	Bond	1,562,453	2.520
	2.03	1ST DATA CORP 319963	Bond	1,543,990	2.490
	2.04	US BK NATL ASSN CIN OH 90331	Bond	1,239,932	2.000
	2.05	GOLDMAN SACHS GRP INC 38141	Bond	1,107,876	1.787
	2.06	LEHMAN BROS HLDGS INC 52517	Bond	1,075,273	1.734
	2.07	BOEING CAP CORP 097014	Bond	1,040,446	1.678
	2.08	KNOX CNTY TENN HLTH EDL 499523	Bond	1,000,000	1.613
	2.09	GEN ELEC CAP CORP 36962	Bond	994,123	1.603
	2.10	BANKAMERICA CORP 097014	Bond	856,092	1.381

			1	2
		NAIC Rating	Amount	Percent
3.	Amour	nts and percentages of the reporting entity's total admitted assets held in bonds and		
	preferr	ed stocks by NAIC rating.		
<b>Bonds</b>				
	3.01	NAIC-1	52,942,332	85.383
	3.02	NAIC-2	5,557,597	8.963
	3.03	NAIC-3		
	3.04	NAIC-4		
	3.05	NAIC-5		
	3.06	NAIC-6		
Preferr	ed Stoo	cks		
	3.07	P/RP-1		
	3.08	P/RP-2		
	3.09	P/RP-3		
	3.10	P/RP-4		
	3.11	P/RP-5		
	3.12	P/RP-6		

4. Assets held in foreign investments:4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?

Yes[X] No[]

\$..... 62,005,506

		1	2
		Amount	Percent
4.02	Total admitted assets held in foreign investments		
4.03	Foreign-currency-denominated investments		
4.04	Insurance liabilities denominated in that same foreign currency		

If response, to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

		1	2
	NAIC Sovereign Rating	Amount	Percent
5.	Aggregate foreign investment exposure categorized by NAIC sovereign rating:		
	5.01 Countries rated NAIC-1		
	5.02 Countries rated NAIC-2		
	5.03 Countries rated NAIC-3 or below		

	1	2
NAIC Sovereign Rating	Amount	Percent
6. Two largest foreign investment exposures to a single country, categorized by the country's		
NAIC sovereign rating:		
Countries rated NAIC-1:		
6.01		
6.02		
Countries rated NAIC-2:		
6.03		
6.04		
Countries rated NAIC-3 or below:		
6.05		
6.06		

	Description	1 Amount	2 Percent
7.	Aggregate unhedged foreign currency exposure		

		1	2
	NAIC Sovereign Rating	Amount	Percent
8.	Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:		
	8.01 Countries rated NAIC-1		
	8.02 Countries rated NAIC-2		
	8.03 Countries rated NAIC-3 or below		

	1	2
NAIC Sovereign Rating	Amount	Percent
9. Two largest unhedged foreign currency exposures to a single country, categorized by the country's NAIC sovereign rating:		
Countries rated NAIC-1:		
9.01		
9.02		
Countries rated NAIC-2: 9.03		
9.04		
Countries rated NAIC-3 or below:		
9.05 9.06		

	1	2	3	4
	Issuer	NAIC Rating	Amount	Percent
10.	Ten largest non-sovereign (i.e. non-governmental) foreign			
	issues:			
	10.01			
	10.02			
	10.03			
	10.04			
	10.05			
	10.06			
	10.07			
	10.08			
	10.09			
	10.10			

- Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:
  Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

Yes[X] No[]

		1	2
	Description	Amount	Percent
11.02	Total admitted assets held in Canadian Investments		
11.03	Canadian-currency-denominated investments		
11.04	Canadian-denominated insurance liabilities		
11.05	Unhedged Canadian currency exposure		

- Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with
- contractual sales restrictions.

  12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

Yes[X] No[]

	1	2	3
	Contractual Sales Restrictions	Amount	Percent
12.02	Aggregate statement value of investments with		
	contractual sales restrictions		
	Largest 3 investments with contractual sales		
	restrictions:		
12.03			
12.04			
12.05			

Amounts and percentages of admitted assets held in the largest 10 equity interests:
 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?
 If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

Yes[X] No[]

1	2	3
Name of Issuer	Amount	Percent
Assets held in equity interests:		
13.02		
13.03		
13.04		
13.05		
13.06		
13.07		
13.08		
13.09		
13.10		
13.11		

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:
 14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?
 If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

Yes[X] No[]

	1	2	3
	Investment Category	Amount	Percent
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed		
	equities		
	Largest 3 investments held in nonaffiliated, privately placed equities:		
14.03			
14.04			
14.05			

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:
15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets?
If response to 15.01 is yes, responses are not required for the remainder of Interrogatory 15.

Yes[X] No[]

	1	2	3
	Investments in General Partnerships	Amount	Percent
15.02	Aggregate statement value of investments held in general partnership interests		
15.03			
15.04			
15.05			

Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:
 16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?
 If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17

Yes[X] No[]

-	1	2	3
	Type (Residential, Commercial, Agricultural)	Amount	Percent
Total a	dmitted assets held in Mortgage Loans		
16.02			
16.03			
16.04			
16.05			
16.06			
16.07			
16.08			
16.09			
16.10			
16.11			

Lo		ans
	2	3
Description	Amount	Percent
Amount and percentage of the reporting entity's total admitted assets held in the following		
categories of mortgage loans:		
16.12 Construction loans		
16.13 Mortgage loans over 90 days past due		
16.14 Mortgage loans in the process of foreclosure		
16.15 Mortgage loans foreclosed		
16.16 Restructured mortgage loans		

		Residential		Commercial		Agricultural	
		1	2	3	4	5	6
	Loan-to-Value	Amount	Percent	Amount	Percent	Amount	Percent
17.	Aggregate mortgage loans having						
	the following loan-to-value ratios as						
	determined from the most current						
	appraisal as of the annual statement						
	date:						
	17.01 Above 95%						
	17.02 91% to 95%						
	17.03 81% to 90%						
	17.04 71% to 80%						
	17.05 Below 70%						

Amounts and percents of the reporting entity's total admitted assets held in each of the five largest investments in real

estate:
18.01 Are assets held in real estate reported in less than 2.5% of the reporting entity's total admitted assets?
If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Yes[X] No[]

1	2	3
Description	Amount	Percent
Assets held in the 5 Largest Real Estate Holdings:		
18.02		
18.03		
18.04		
18.05		
18.06		

		At Year-end At		t End of Each Quar	ter	
				1st Qtr	2nd Qtr	3rd Qtr
	Description	1	2	3	4	5
19.	Amounts and percentages of the reporting entity's total admitted assets					
	subject to the following types of agreements:					
	19.01 Securities lending agreements (do not include assets held as					
	collateral for such transactions)					
	19.02 Repurchase agreements					
	19.03 Reverse repurchase agreements					
	19.04 Dollar repurchase agreements					
	19.05 Dollar reverse repurchase agreements					

		Ow	ned	Written		
		1 2		3	4	
	Description	Amount	Percent	Amount	Percent	
20.	Amounts and percentages of the reporting entity's total admitted assets for					
	warrants not attached to other financial instruments, options, caps, and floors:					
	20.01 Hedging					
	20.02 Income generation					
	20.03 Other					

		At Year-End		Amount at End of Each Quarter		
		Amount	Percent	1st Qtr	2nd Qtr	3rd Qtr
	Description	1	2	3	4	5
21.	Amounts and percentages of the reporting entity's total					
	admitted assets of potential exposure for collars, swaps,					
	and forwards:					
	21.01 Hedging					
	21.02 Income generation					
	21.03 Replications					
	21.04 Other					

		At Year-End		Amount at End of Each Quarter		
		Amount	Percent	1st Qtr	2nd Qtr	3rd Qtr
	Description	1	2	3	4	5
22.	Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:					
	22.01 Hedging					
	22.02 Income generation					
	22.03 Replications					
	22.04 Other					



# Statement of Actuarial Opinion Actuarial Certification Preferred Health Partnership of Tennessee, Inc. Actuarial Liabilities as of December 31, 2004

I, Mark S. Alhanti, am a consultant with the firm of Towers Perrin. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries and meet the qualification standards for rendering opinions on Health Maintenance Organizations' and Health Plans' actuarial liabilities. I have been retained by Preferred Health Partnership of Tennessee, Inc. (the Company) to render an opinion on their December 31, 2004 actuarial liabilities.

I have undertaken an examination of the assumptions and methods used in developing the actuarial liabilities shown in the Company's December 31, 2004 annual statement prepared for filing with the State of Tennessee regulatory officials. These amounts are shown below:

Claims Unpaid	\$1,000,000
(Page 3, Line 1)	
Accrued Medical Incentive Pool and	40
Bonus Payments	\$0
(Page 3, Line 2)	
Unpaid Claims Adjustment Expenses	\$30,000
(Page 3, Line 3)	Ψ30,000
(2.480.0)	
Aggregate Policy Reserves	
(Page 3, Line 4)	\$10,826,641
Aggregate Health Claim Reserves	Φ.Ο.
(Page 3, Line 7)	\$0
Experience Rated Refund	\$0
Experience raised retains	ΨΟ
Actuarial Liabilities included in Page 3, Line 21	\$14,082,990

I have used the traditional development methodology in arriving at my estimate of the liability for claims unpaid at December 31, 2004. This method is based on accepted actuarial standards and sound actuarial principles.

I have reviewed Page 11 (Underwriting and Investment Exhibit – Part 2b.) This schedule was prepared consistent with Section 5.14, *Follow Up Studies* contained in Actuarial Standard of Practice No. 5, Incurred Health Claim Liabilities.

It is my opinion that the actuarial liabilities shown above:

- 1. are in accordance with accepted actuarial standards, consistently applied and are fairly stated in accordance with sound actuarial principles,
- 2. are based on actuarial assumptions relevant to contract provisions and are appropriate to the purpose for which the statement was prepared,
- 3. meet the requirements of the laws of the State of Tennessee,
- 4. make good and sufficient provision for all unpaid claims and other actuarial liabilities of the Company under the terms of its contracts and arrangements,
- 5. are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the proceeding year-end, and
- 6. include appropriate provision for all actuarial items that ought to be established.

## **Statement of Actuarial Opinion**

In arriving at my opinion I have relied on data prepared by Mr. Jeff Collake of the Company (see reliance letter attached.) In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.

I considered the need to do cash flow testing in forming my opinion. I determined that cash flow testing was not necessary due to the short-term nature of the liabilities and the insensitivity of the liabilities to economic conditions.

The actuarial methods, considerations and analyses used in forming my opinion are in conformance with the appropriate Standards of Practice and Compliance Guidelines as promulgated by the Actuarial Standards Board and the American Academy of Actuaries.

Mark S. Alhanti, FSA, MAAA	Date

#### **Amended Statement Cover**

#### ANNUAL STATEMENT AMENDMENT

#### **OF THE**

## Preferred Health Partnership of Tennessee, Inc.

of

Knoxville

in the state of

**Tennessee** 

#### TO THE

**Insurance Department** 

OF THE STATE OF

**Tennessee** 

# FOR THE YEAR ENDED DECEMBER 31, 2004

Amendment made to correct the following pages: Assets,
Liabilities, Statement of Revenue, Report 2A, Consolidated
Report 2A, Cash Flow, Underwriting and Investment Exhibit Part 3, Exhibit of Non-Admitted Assets, Exhibit 5, Notes to
Financial Statements, Management's Discussion and Analysis,
and Supplemental Investment Risks Interrogatories and to
electronically add the Actuarial
Statement



#### **Management's Discussion and Analysis**

## Statement as of December 31, 2004 of the Preferred Health Partnership of Tennessee, Inc. (PHP of Tennessee)

#### Supplement of the Annual Statement – Management's Discussion & Analysis

Preferred Health Partnership of Tennessee, Inc. (the Company) was organized in 1994 as a wholly-owned subsidiary of PHP Companies, Inc. (the Parent). The Company began as a fully funded risk managed care organization under contractual agreement with the State of Tennessee. In July 2002, PHP entered into an ASO non-risk contractual agreement with the State of Tennessee, which spans from July 2002 to December 2005. As under the risk managed plan, the TennCare program provides or arranges for the provision of health care services to members. TennCare pays the Company a monthly administration fee based on the number of enrolled members in the plan. The Company uses these fees to pay for all administration costs incurred to provide medical services. The State is directly responsible for payments of medical services.

#### FINANCIAL POSITION:

The financial position of PHP of Tennessee for the year ended December 31, 2004 indicated a gain in capital and surplus of \$5,074,067. The Company's statutory basis assets increased from \$59,027,669 in 2003 to \$62,005,505 in 2004. Three significant changes in assets include an increase in investment activity in Long-Term Bonds, which was offset by decreases in Cash and Receivables from Parent. Bonds increased from \$47,651,741 in 2003 to \$58,499,929 in 2004, while Cash decreased from \$5,759,406 in 2003 to \$40,995 in 2004 and Receivables from Parent decreased from \$4,727,724 in 2003 to \$2,511,535 in 2004. The cash balance at December 2003 and 2002 was accumulated through the normal course of operations and is unencumbered and available for use in the health plan's operations.

Balances listed as due from affiliates are amounts owed to the company in the normal course of business from affiliated entities. All balances are listed at their net realizable value and are reasonably expected to be received.

Total liabilities decreased from \$37,841,106 in 2003 to \$35,744,876 in 2004. The significant change in liabilities include a decrease in Policy Claims Payable and General Expenses due or accrued. Policy Claims Payable decreased from \$1,421,510 in 2003 to \$1,000,000 in 2003 and General Expenses decreased from \$11,498,675 in 2003 to \$9,805,245 in 2004. These decreases are directly correlated with the non-risk contract agreement that the Company has entered with the State of Tennessee.

#### **RESULTS OF OPERATIONS:**

Member-months reported in 2004 totaled 1,585,507, compared to 1,576,120 member-months reported in 2003. This increase is attributable to the reassignment of members from other MCO's in the TennCare Program and the company's decision to focus on its current enrollment in the East Tennessee area. Member-months for the non-risk period totaled 1,585,507, which leaves 0 for the Risk period.

Total Premium Revenue reported for 2004 was \$0 as compared to reported 2003 revenue of \$195,632. Total Medical and Hospital Expenses decreased from \$549,176 in 2003 to \$(866,620) in 2004. These decreases directly correlate to the non-risk contract with the State. Total Claims Adjustment Expenses and total General Administrative Expenses remained at \$0 in 2004. General Administrative Expenses totaled \$16,660,565 before the offset of State Admin Revenues. The company has a management agreement with the parent company, PHP Companies, Inc., to provide management, administrative, marketing and certain clerical functions subject to the review of the Company's Board of Directors.

Management's Discussion and Analysis Key Indicators for PHP of Tennessee, Inc. - Risk for PHP of Tennessee

				-	
•	2004 Actual	2003 Actual	2002Actual	2001 Actual	2000 Actual
Membership	0	186	683,908	1,314,549	1,078,839
(Member Months)					
Revenue –	\$0	\$195,632	\$109,964,306	\$204,781,359	\$155,605,556
Medicaid Title XIX					
Average Capitation	N/A	N/A	\$160.79	\$155.78	\$144.10
PMPM					
Administration	N/A	N/A	11.50%	12.34%	12.36%
Percent of Premium					

#### **CASH FLOW AND LIQUIDITY:**

PHP of Tennessee believes that cash flow and liquidity were adversely affected by the members who were retroactively enrolled in the Medicaid population.